2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2012
Secretary of State

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Entity Name: PEOPLE REDUCING HOMELESSNESS INC.

Current Principal Place of Business:

2900 OLD MOULTRIE ROAD
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

2900 OLD MOULTRIE ROAD
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 27-1379636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAUNCEY, ELIZABETH K
67 COMARES AVE.
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: CHAUNCEY, ELIZABETH K
Address: 67 COMARES AVE.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP
Name: GRAY, DIANE F
Address: 4400 GLADYS ST.
City-St-Zip: HASTINGS, FL 32145

Title: TREA
Name: GRAY, RICHARD A
Address: 4400 GLADYS ST.
City-St-Zip: ST. AUGUSTINE, FL 32145

Title: VP
Name: CHAUNCEY, DARRELL W
Address: 67 COMARES AVE.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP
Name: ZIPPERER, TRAVIS M
Address: 2917 RACE TRACK RD.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VP
Name: GRIMES, DAVID E
Address: 10360 CR 13 N.
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH K. CHAUNCEY P 04/06/2012

Electronic Signature of Signing Officer or Director Date